

What is a CHA Standard Clinic?

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Certification is awarded at the end of the clinic and the level of certification attained (if any) is the sole discretion of the two CHA Clinicians conducting the clinic. Certification is valid for three years from the certification date; the instructor must maintain annual individual membership in CHA.

For group riding instructors dealing with progressive skill building in all levels of riders, both in the arena and on the trail. Certification may be earned in English and/or Western disciplines; minimum age for assistant certification is 16, minimum age for instructor certification is 18. Eight levels of certification may be earned in both English and Western disciplines, ranging from assistant instructor to CHA clinician. Level of certification is the sole discretion of the clinic staff.

If you enroll remember to bring:

Warm clothing, rain gear, gloves
Professional looking english or western wear,
boots, sleeping bag, pillow, toiletries, towels.

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for more information about the facility and
their programs.

Become a certified  Instructor
or raise your certification to
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Thank you for your interest in both CHA and a certification clinic at Marmon Valley Farm. Marmon Valley Farm is a nondenominational Christian camp and retreat facility serving west central Ohio since 1964.

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Marmon Valley Farm

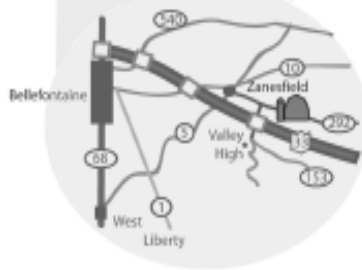
937-593-8000

7754 State Route 292

Zanesfield, OH 43360

www.marmonvalley.com

info@marmonvalley.com



Marmon Valley Farm is 40 minutes northwest of Columbus just off US Route 33 at the State Route 292 exit. Go to marmonvalley.com for simple directions.



Marmon Valley Farm



Certified Horsemanship Association

Horsemanship Instructor Certification Clinic

MARCH 14-19, 2010

APRIL 18-23 2010

Cost \$625

(Before March 1)

includes all clinic fees, meals,
lodging, insurance, etc.

Hosted by:

Marmon Valley Farm

Clinic begins at 4:00PM

Check-in opens as early as 1:00PM

Questions? Contact Marmon Valley Farm

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CHA Clinics at Marmon Valley Farm

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March 14-19, 2010 April 18-23, 2010

Please include a deposit of \$200.00. The balance is due ten days prior to clinic start date.

Name: _____

Date of Birth: ____/____/____ Gender: M F

Organization: _____

Address: _____

City _____ St: ____ Zip _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Do you need picked up from airport or bus station?

(Additional \$50 pick up fee) Yes No

I plan on riding: English Western

Complete the following (if different than above) if you are being sent by an organization who is responsible for the fee:

Contact Person: _____

Organization: _____

Address: _____

City: _____ St: ____ Zip: _____

Phone: _____ Ext. _____

Payment Method

\$625 before 2/15/2010 and \$655 after 2/15/2010

Check Mastercard Visa Discover

Card: |_____| |_____| |_____| |_____|

Exp: |_____| |_____| | Amount \$ _____

Name on Card: _____

Automatically charge balance to my card on 3/1/10

Yes No thanks, I'll send a payment

Who should we contact in case of an emergency?

Name: _____ Relationship: _____

Phone: _____ Ext. _____

Medical Release

In case of emergency I understand that every effort will be made to reach the above contact, However, if they cannot be reached, I give permission to the physician selected by Marmon Valley Farm, Inc. to hospitalize, secure treatment for and to order injection, anesthesia or surgery for me (or my child if participant is under 18).

Name: _____ Date: _____

Parent of guardian must sign if applicant is under the age of 18.

Please list any conditions that may be pertinent to your stay and clinic experience.

Any specific health problems: _____

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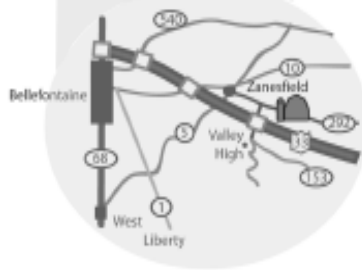
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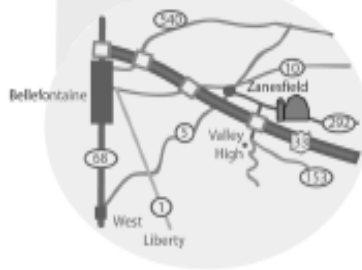
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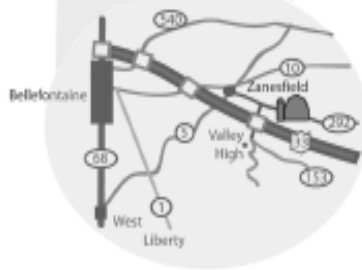
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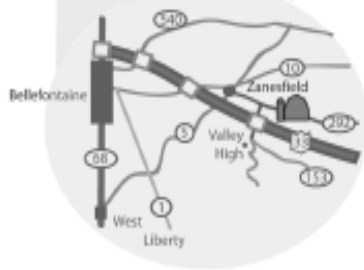
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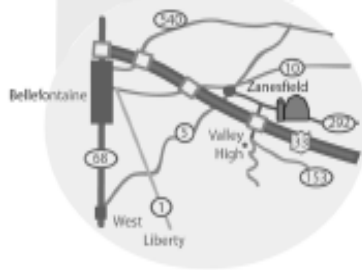
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Certified Horsemanship Association

Horsemanship Instructor Certification Clinic

MARCH 14-19, 2010

APRIL 18-23 2010

Cost \$625

(Before March 1)

includes all clinic fees, meals,
lodging, insurance, etc.

Hosted by:

Marmon Valley Farm

Clinic begins at 4:00PM

Check-in opens as early as 1:00PM

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March 14-19, 2010 April 18-23, 2010

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Date of Birth: ____/____/____ Gender: M F

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(Additional \$50 pick up fee) Yes No

I plan on riding: English Western

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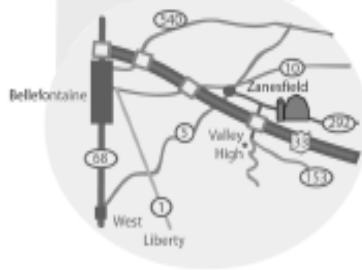
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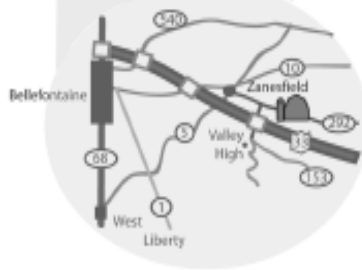
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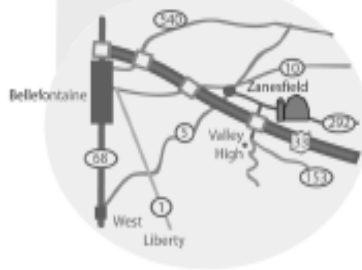
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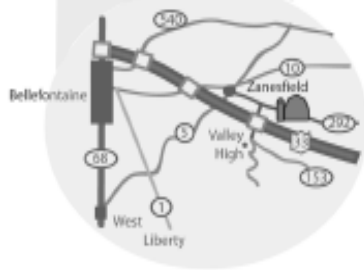
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Card: |_____| |_____| |_____| |_____|

Exp: |_____| |_____| | Amount \$ _____

Name on Card: _____

Automatically charge balance to my card on 3/1/10

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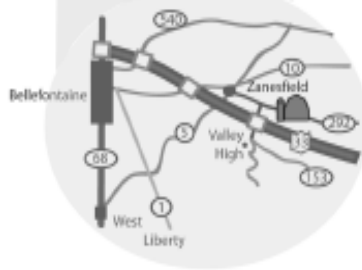
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MARCH 14-19, 2010

APRIL 18-23 2010

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(Before March 1)

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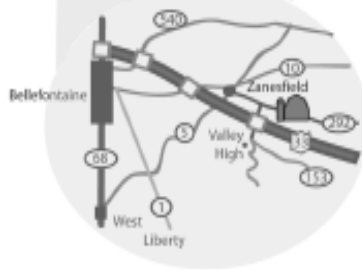
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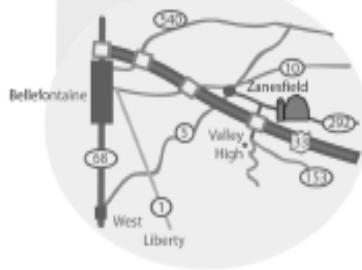
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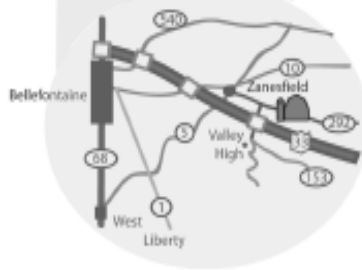
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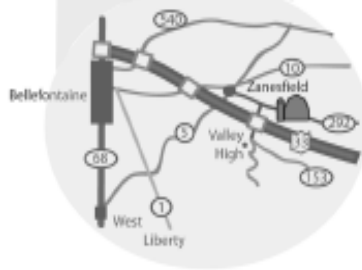
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937-593-8000

7754 State Route 292

Zanesfield, OH 43360

www.marmonvalley.com

CHA Clinics at Marmon Valley Farm

Registration Form

Select the Clinic you wish to attend:

March 14-19, 2010 April 18-23, 2010

Please include a deposit of \$200.00. The balance is due ten days prior to clinic start date.

Name: _____

Date of Birth: ____/____/____ Gender: M F

Organization: _____

Address: _____

City _____ St: ____ Zip _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Do you need picked up from airport or bus station?

(Additional \$50 pick up fee) Yes No

I plan on riding: English Western

Complete the following (if different than above) if you are being sent by an organization who is responsible for the fee:

Contact Person: _____

Organization: _____

Address: _____

City: _____ St: ____ Zip: _____

Phone: _____ Ext. _____

Payment Method

\$625 before 2/15/2010 and \$655 after 2/15/2010

Check Mastercard Visa Discover

Card: |_____| |_____| |_____| |_____|

Exp: |_____| |_____| | Amount \$ _____

Name on Card: _____

Automatically charge balance to my card on 3/1/10

Yes No thanks, I'll send a payment

Who should we contact in case of an emergency?

Name: _____ Relationship: _____

Phone: _____ Ext. _____

Medical Release

In case of emergency I understand that every effort will be made to reach the above contact, However, if they cannot be reached, I give permission to the physician selected by Marmon Valley Farm, Inc. to hospitalize, secure treatment for and to order injection, anesthesia or surgery for me (or my child if participant is under 18).

Name: _____ Date: _____

Parent of guardian must sign if applicant is under the age of 18.

Please list any conditions that may be pertinent to your stay and clinic experience.

Any specific health problems: _____

Any diet restriction: _____

Medications: _____

Allergies: _____

Financial Policy:

A nonrefundable minimum deposit of \$200 is due with a completed registration form. Once your completed registration form is received with your required deposit, you will receive your manuals by return mail. Please allow Marmon Valley Farm a minimum of 15 days if you need to cancel.

Privacy Policy:

The information on this form is for office processing and our clinic instructors only. No information will be shared with clinic participants without consent or given to any other organization. Participant's clinic evaluations will not be shared with anyone including their sending organization without written consent from the participant.

Send registration form to Marmon Valley Farm:

7754 State Route 292, Zanesfield, OH 43360

Fax: 937-593-6900. info@marmonvalley.com

Briefly answer the following questions to help your clinic instructors understand your background in horsemanship. (Additional paper may be used).

1. Briefly describe the type of riding that you do and your riding experience; include horse care and management experience:

2. Please describe your experience in teaching horsemanship and/or other forms of teaching or work with young people (teaching school, swimming, camp counselor, work with youth groups, etc.)

3. If you plan to teach horsemanship this year, please describe the type and size of program you plan to work with and what your duties will be:

4. What do you hope to accomplish by attending this clinic? Do you have any special problems or interests that you would like to see covered in this clinic?